V. S. No. 1

PLACE OF DEATH	09581 STATE OF MARYLAND
County Montjonery	CERTIFICATE OF DEATH
BALL	Registration Dist. No. 216
Village or City School (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored Single, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH MURLIDUM	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work	Ceretral embolism
(b) General nature of industry business, or establishment in	
which employed or (employer)	Contributory Arouse Secondary
(State or country) Rickslywille, Va.	(Durrien) 4 718 mos ds.
10 NAME OF FATHER	(Signed) M, D.
0 11 BIRTHPLACE OF FATHER	(Address)
OF FATHER (State or country) 12 MAIDEN NAME	*Etats the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant Condrew W. alexander	usual residence
(Address) 123-P. St. N. W. Wasly, D. O.	Hamous Conelly 8-19-, 1931
Filed Que 15 1931 D B Plane	Walter Wash
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary froman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day should be used only when necded. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-For persons who have no occupation not gainfully em-The ques-

Statement of Cause of Death—Name, first, the Distract Causing death (the primary affection with respect to time and causation), using always the same acceptated term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Enhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mcnas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) affection need not be cough; Chronic etc. The contributory valvular heart disease; Nomenclature Measles;

	PLACE OF DEATH	19582 STATE OF MARYLAND
	County Montgonery	CERTIFICATE OF DEATH
	as a contract	Registration Dist. No. 916
4	Village or City Seph less (No. 6800	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
*	2FULL NAME TAKING M. all	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Quy, 95, 192/. (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) , 1863	that I last on him alive on
	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
	d OCCUPATION (a) Trade, profession or particular kind of work	Tulmonary edema.
0	(b) General nature of industry business, or establishment in which employed or (employer)	Contributor Contri
	9 BIRTHPLACE (State or country) Reure	Secondary (Deation) 3 yrs. mos y ds.
	FATHER Chas. Yt. allen	(Signed) 6, J. Daverspeed M. D. Que, 26, 103/ (Address) Berleyds Red
	of Father CState or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother autoinette Corvoir	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h? Former or usual residence
	(Address) 6800-46 Th. Olerglesse Mrs	James Or REMOVED - 4 aug 2), 1.3/
10	15 Filed 8/25/3/ 192 Bery C. Povel Registras	Thos. S. Seogeon Wash. DC
	If more b.anks are needed, addre.s tate Negistra	r, 18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on yrs). For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite.synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "E haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not be stited unless important. Example: Mcasles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping eough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. The contributory valvular heart disease;

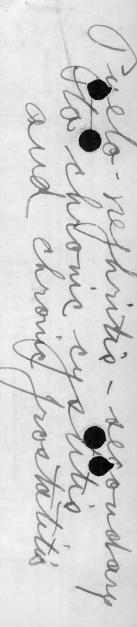
STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. operly classifi (If death occurred inWard) a hospital or institu-Village or City tion, give its NAME instead of street number.) 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 3 SEX WIDOWED OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than and that douth occurred on the date stated above, 7 AGE day hrs. RESERVE 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in Owhich employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondery (State or country) 10 NAME OF FATHER 0 11 BIRTHPLACE Ø III OF FATHER Disease Causing Death, *State the RENTS CAUSE CTION Violent Causes, state (1) Means of Injury (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 8-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) state CCUP/ 13 BIRTHPLACE In the At place OF MOTHER ___yrs......mos.... (State or Country) 00 Where was disease contracted, if not at place of death?. 14 THE ABOVE IS THE TO THE BEST OF Former or usual resider OF BURIAL OR REMOVA AN ADD If more bienks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S/No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rei state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosfinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) letanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, carbolic acid-probably suicide. The nature of the injury, "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart need not Measles; disease;



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Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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	1PLACE OF DEATH	09586 STATE OF MARYLAND
	County Montgymery	CERTIFICATE OF DEATH
1		(31) Registration Dist. No. 2/4
	Village or City Silver Shring (No.	·
	Village of City Author City	St: Ward) (If death occurred in a hospital or institu-
	2 FULL NAME Edward Wille	tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
	male white (Write the word)	<u> </u>
	6 DATE OF BIRTH	Month (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	December 5 ,853	man 15 1923 D to any 21, 1923/
	(Month) (Day) (Year)	that I last saw ham alive on Current 2 1, 1923
	7 AGE [If LESS than	and that death occurred on the date stated above, at 6, 40 m.
	77 8 1 dayhrs.	The CAUSE OF DEATH * was as follows:
1	OCCUPATIONds. ormin.?	1 bloome Talenstation
-	(a) Trade, profession or particular kind of work	Deplastio.
	(b) General nature of industry	D'arterioselesos, Glacel
1	business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
	9 BIRTHPLACE	Contributory (Malma) Alcendary
	(State or country) Philadelphia, Ta.	to Puplication (Duration) 1/2 yrs mos de.
	TO NAME OF PATHER OF PATHER	(Signed) H. H. Havlett M. D.
	TI BIRTHPI ACE	aug. 21 1923 (Address) 928 Sligo and
	OF FATHER	State the Disease Causing Death, or, in deather from
	OF FATHER (State or country) 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Vauline Williams	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) Maland	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(informant) Mrs +1. P. Burche	usual residence
	2213 9 lt n W Wash of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) ~ 1 J J DX , IV, W, Wolfer My	20 UNDERTAKER ADDRESS
	Filed ang 23 1931 J. & Wudling & 40	Ma Rankous Lunchurge Proposella
	The part of the Projection	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	ir more Dianks are needed, address State Registrar	, to w. Dalatoga St., Datto, Requisiting y. D. No. 1.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

A)	Sign	PLACE OF DEATH	(1958) STATE OF MARYLAND
1	王四	County Montgomer	CERTIFICATE OF DEATH
1	, P		Registration Dist. No. 223
CORD	EXACTLY by classificate.	Village or City Laterna Park (No. 74 Syc. 2FULL NAME Adelaide Lillian	Amore Que, St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
E	oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
N. O.	ld be st ay be pr ack of	Jemale White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED MARNIED (Write the word)	16 DATE OF DEATH
A PERN	SE shoul	6 DATE OF BIRTH Sels 1899 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
HIS IS	olled. AC ms so the	7 AGE S	and that death occurred on the date stated above, at 5/1-4 n The CAUSE OF DEATH * was as follows:
NG INK1	refully sup In plain te rtant See	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 5 yrs mos d
WITH UNFADIN	ation should be cal CAUSE OF DEATH TION Is very impor	9 BIRTHPLACE (State or country) Toronhungton SC 10 NAME OF FATHER Charles In Overacker 11 BIRTHPLACE OF FATHER (State or country) Punnoy, Sla. 12 MAIDEN NAME	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (State the Disease Causing Death, And Cattle, And Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PLAMI	ould state C	OF MOTHER Largy D. Elston. 13 BIRTHPLACE OF MOTHER (State or country) Vanhormoville, 7, 3.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Realdents) At place of death yrs mos ds. State yrs disease contracted,
WRITI	Every Item o	(Informant) Charles In. Overacker (Address) 29 Sycampe wet	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Colombian Fill Drd . May 20, 19
(-)		Filed aug 19 1981 HE Registrar	20 UNDERTAKER JOHN STEVENS GN- N. Z. ane,
11 1		1/ It more hanks are needed added/s that Peristant	In W. Daratoga St., Balto., Keguetting V. S. Do. 1. //

MARGIN RESERVED FOR BINDING

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 wrs. For persons who have no occupation work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housenund, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, Househousehold only anot paid Hausekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocreport specifically the occupations of Foreman, (b) Automobile For many occupations a single word or term on Farm laborer, Laborerthat fact may be indicated thus; Farmer (b) Cotton mill; without more precise specification as Day (a) the kind of work and also (b) the (a) Salesman. factory. The material -Coal mine, etc. Wom-. (b) persons en-Grocery;

Statement of Cause of Death—Name, first, the pick ma. I could defeat the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucumonia, Bronchopneumonia ("Pneumonia,")

"telanus) may be stated under the head of "contributory." gearbolic acid—probably suicids. The nature of the injury, American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on as Mracture of skull, accident; Revolver wound of head-konnicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Whooping Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic and consequences (e. g., sepsis, valvular etc. The contributory affection need Nomenclature Always qualify all heart disease; not be death

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PLACE OF DEATH

County Montgomery County

	09588
210	~

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No. 217

Village or City Olnay, Maryland (No.

Montg. Co. General Hospital

(If death occurred in a hospit d or institution, give Its NAME i. - stead of street and

number.)

Amos Burriss **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, Widowed white male OR DIVORCED (Write the word) 6 DATE OF BIRTH February 15. (Month) (Day) (Year) 7 AGE IFLESS than I day hrs. OCCUPATION (a) Trade, profession or particular kind of work Laborer (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Basil Burriss 11 BIRTHPLACE OF FATHER FNE Maryland (State or country) 12 MAIDEN NAME Unknown OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records (Informant

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH		
e	e white Single, MARRIED, Widowed OR DIVORCED (Write the word)		16 DATE OF DEATH August 4 (Month)		
February 15, , 1874 (Month) (Day) (Year) If LESS than day hrs. or min.?			(Year)	I HEREBY CERTIFY, That I a July 31, 19731 to Augusthat I last saw him alive on Augus	attended the deceased from \$128 t. 4,, 1923]
			I day hrs.	and that death occurred on the date stated above, at 5:15 P m The CAUSE OF DEATH * was as follows: Fracture of the 2nd, 3rd, and 4th	
rade, p	rofession or			Dorsal Vertebra. Automob	ile accident
cular kind of work Laborer leneral nature of industry less, or establishment in leneral new played or (employer)		at Burtonsville, Montg. Co	yrs. mos 4 ds.		
HPLACE ate or country) Maryland NAME OF FATHER Basil Burriss BIRTHPLACE DF FATHER (State or country) MAIDEN NAME OF MOTHER Unknown BIRTHPLACE DF MOTHER (State or country)		Contributory Compression My Secondary Spinal Chond (Duration)			
		(Signed) / 3 Aug. 5, 192 3 L(Address) Sandy			
		*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental Suicidal or Homicidal.			
		18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-		
		of death yrsmos. 4ds. S	he Life tate yrs mos. de		
ABOVE	IS TRUE TO THE BEST	OF MY KNOWL	EDGE	Where was disease contracted, if not at place of dea.h?	
formant Hospital Records		Former or usual residence			
(Add		00		Lay Hill, Maryland	aug 6 , 1931
day 5 1913/ CSarusley Registra		Warner Pumphrey	Rockville, Md.		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housevife, Housework, or At Home, and children, not gainfully emlaborer, er," etc., without more precise specification as Day Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, (b) For many occupations a single word or term on ijrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon. For persons who have no occupation Automobile factory. The material Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.:se. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Browchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure, Haemoriuses, "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonacum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of totanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Tumor" (nume origin: "Cancer" is less definite; avoid for malignant neoplasms); Chronic Example: Measles (disease etc. The contributory valvulor heart disease; Measles;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

'3

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

a hospital or institution, give its NAME instead of street and

ADDRÉSS

(If death occurred inWard) number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH OR DIVORCED (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 17 (Year) If LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was & fallo l day hrs. (Address) *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-At place about I hour, In the State yrs mos ds. Where was disesse contracted, if not at place of death?... usus! residence. E OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

, tion applies to each and every person, irrespective of laborer, fulness of various pursuits can be known. The quesployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. 'Never return' 'Laborer,'' 'Foreman,'' 'Manager,'' 'Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The not gainfully emmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. ". Tranition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Exhaustion, "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death taken. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; "Congenital," "Senile," etc.), "Dropsy, Committee on Chronic etc. valvular heart disease; Nomenclature The contributory Always qualify all ," "Convulsions,

PLACE OF DEATH County Montgomen	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 218
Village or City Catchieve (No.	St.: Ward) (If death occurred a hospital or inst tion, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Wishows Wildows OR DINORCED (Write the word)	16 DATE OF DEATH (XIONTH) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	3 HEREBY CERTIFY, That lattended the deceased fr
7 AGE Chart If LESS the day hr or min or min	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	fully of flether
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos.
10 NAME OF FATHER Mikel Jerginsky	(Signed) M M Markey M. Ouly 10 1923. (Address) Markey
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tr.
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Address) Sechison and	Poplar Springs Date of Burial
Filed aug 10 1831 VII Dyson Registras	Roy W Barber Jouthers

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

If more banks are needed, address State negistrar, 16 W. Saratoga St., Balto., Requesting N

(Approved by U.S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Paysician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation Salesman. (b) Grocery; material Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feber (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile,".etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Chronic etc. valvular heart The contributory not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH County County	09591 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 2/3
Vi	llage or City Devrueslow (No. 2FULL NAME Roy Clips	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR-DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6	DATE OF BIRTH FW /9, 1931 (Month) (Day) (Year)	that I last saw handalive on 44.25 1986.
7	yrs. 6 mos. 6 ds. or min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
L	a) Trade, profession or particular kind of work	Grobably Marounus
0	b) General nature of industry ousiness, or establishment in which employed or (employer)	(Durstion) de.
9	(State or country) Wouldanny Co	Secondary (Duration) yts
	10 NAME OF FATHER WILLIAM	(Signed) MALLIN Survey M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa h? Former or usual residence
pore	(Address) P. 40 11 7 Parishelle Le	Sone Colored County 5/26, 1931
15	Filed 8/25 1931 Uph D Mule & O.	Erned Gadrier Hedbushung
	If niore blanks are needed, address Ltate Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. 110. 1.

(Approved by U. S. Cerisus and American Public Health Association.)

Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g gcd'in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House er," etc., Paysician, Compositor, Architect, Locomotive engineer tle airst line will be sufficient, e.g., Farmer or Planter, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement to report household only Foremon, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Colton mill; (a) Salesman. without more precise specification as Log specifically the occupations of persons en-(b) For persons who have no occupation (not paid Housekeepers who receive a Automobile factory. The material single word or term on As examples: (a) (6) Grocery,

10 1931

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Iclorus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of eause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUNY (name origin; "Cancer" is less definite; avoid by Committee on Chronic Example: Measles (disease affection need not be etc. volvular heart disease; Nomenclature The contributory Meosles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

the shelf history

M SE	PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 217
CORD EXACTLY,		St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
Tated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0 2 0	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
BII PE sh	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 7 2 5 192/ to
FO IS	7 AGE	and that death occurred on the data stated above, atm. The CAUSE OF DEATH * was as follows: Bilateral Pyrletis
NK-NK-	(b) General nature of industry	3
RE NG	which employed or (employer) / mlq - co	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
E 20	10 NAME OF FATHER M. H. Darby	(Signed) M. D. 8/4/ 1928/ (Address) Sanly of
WI	OF FATHER (State or eountry) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, for, in death from Violent Causes, etate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
LADL	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence Rocknelle Met.
WRIT	(Address) Dama eus - Manyland	place of Burial or REMOVAL Date of Burial Date of Burial Lug 1931 20 UNDERTAKER ADDRESS
N. N	Filed aug 5 19231 Sarrole, Registrar her ussigst prore branks are needed, address State Registra	Om Reubey Timphury Jockville

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective or cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritowitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Chronic etc. The contributory valvular Nomenclature heart disease;

ore blanks are meded, address State Registrar, 16 W. Saratoga St., Balto., Requesting

93 STATE OF MARYLAND

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en at home, who are engaged in the duties of the or given up on account of the DISKASE CAUSING DEATH, gaged in domestic service for wager, as Servant, Cook ployed, as it school or it home. (are should be taken bousehold only (not paid Housekeepers who receive a Never return "Laborer." "Foreman." "Manager." "Dealchould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been charged to report specifically the occ pations of persons enwork, or 4t Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer. Farm laborer, Laborer-Caal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; cases, especially in industrial employments, it is neces Civil engineer. Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter empation is very important, so that the relative healthtion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques Statement of Occupation Precise statement of oc-For many occupations a single word or term on For persons who have no occupation The material

Education of Cause of Death—Name, first, the disease causing death (the primary affection of the respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitist"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid incumenta."

Poisoned by curbolic acid—probably suicide. ture of the injury, as fracture of skull, and consecausing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report more symptoms or terminal head of "contributory.", (Recommendations on statetrain-accident; Revolver wound of head-homicide; diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), conditions, such as "Asthenia," "Anaemia" (secondary or intercurrent) affection need not be stated unless important. Example: Mensles (disease ment of cause of death approved by Committee on quences (e. g., sepsie, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as accinental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old age," "Shock," use of "Tumor" Nomenclature of the American Medicai Association.) Examples: Accidental drowning; "PUERPERAL septicaemia." "PUERPERAL peritonitis," "Dropsy." "Exhaustion." "Heart failure," "Haemoruse of "Tumor" for madignant neoplasms); Measters Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men FOR VIOLENT BEATHS STATE MEANS OF INJURIE Struck by railway Meusicas The na-(merely

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1PLACE OF DEATH	05594 STATE OF MARYLAND
PLACE OF DEATH	STATE OF MARYLAND
County Manuagones	CERTIFICATE OF DEATH
4 //-	Registration Dist. No. 2
Village or City Norkerline	St.: Ward) (If death occurred in a hospital or Institution, give its NAME in
2FULL NAME Howard A	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED	16 DATE OF DEATH
Male Colores (Write the word)	(Month) (Day) (Text)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that Plat saw hamalive on allege 6 , 1938
7 AGE If LESS than	and that death occurred on the date stated shove, at
6 29 dayhrs.	
yrsds. ormin.?	chell gastlo enteriles
(a) Trade, profession or	Charley flowing wanters
particular kind of work (b) General nature of industry	
business, or establishment in	(Durstion) yıs mos Ada
Which employed or (employer)	Contributory Harre
9 BIRTHPLACE (State or country) Wadunaten D. C.	Secondary (Duration) yrs mos de
10 NAME OF FATHER PARE	(Signed) Jest M. D
II BIRTHPLACE	aug 7 198/ (Address) Rockwelle, 191
OF FATHER (State or country) Morely, Co, Mid.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hause Hogas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Joudson Co., Wa.	At place of death yrs de. State yrs de. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
n10. 0	Former or usual residence
(Informant) Musey Sove (Address) Rochvilly, My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 8 9 1921 Mus. 24. Il Peall	TO UNDERTAKER APOPESS
Registrar	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
. If more branks are needed, address State Registra	er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, worked on may form part of the second statement r," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. If the occupation has been changed Architect, Locomotive engineer, not gainfully em-The material (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart famure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, of as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be Committee on Nomenclature Chronicetc. valvular heart disease; The contributory

V. S. No. 1

PLACE OF DEATH County Month	09595 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2//
Village or City Boyds (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH aug 10 11, 1923 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1924. to 1924, that I last saw h selive on 2004. 1924,
7 AGE Office 78 mos. ds. or min.?	and that death occurred on the date stated bove, at 920 and m. The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos 30 ds. Contributory General asland asland mos Q ds. (Duration) 12 yrs. mos Q ds.
10 NAME OF FATHER	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME 7	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Aceidental, Suicidal or Homicidal.
12 MAIDEN NAME >	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE X OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where was disesse contracted,
(Informant) Dairy Philips	if not at place of death?
(Address) Broych mil	Boyde nul aug/2, 1931
Filed dug 12 19231 ME Lewis Registrar	20 UNDERTAKER Jackner Jackburger
if more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer's or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemuid. etc. If the occupation has been changed ployed as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupationto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer. (b) Cotton mill; (a) without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many -Precise statement of oc-Salesman. (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroger (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (ayoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." American Medical Association.) "E:haustion," "Heart minure,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Examples: Accidental drowning; Struck by railway traindiseases Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as or intercurrent) for malignant neoplasms); Measles; Chronic valvular heart Example: Measles (disease etc. The contributory affection need Nomenclature of the disease; not be

1 PLACE OF DEATH

BINDING

FOR

RESERVED

MARGIN

No.

STATE OF MARYLAND CERTIFICATE OF DEATH

> if death occurred in a hospital or institution give its NAME Instead of street and number.

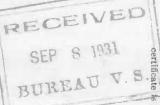
(Day) That I attended deceased from and that death occurred on the date stated *State the DISEASE CAUSING DEATH. or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, State ...

[Approved by U. S Census and American Public Health
Association.]

at beginning of illness. count of the disease causing death, state occupation the occupation has been changed or given up on acvice for wages, as Scrvant, Cook. Housemaid, etc. entered as Housewife. Housework, or At Home, and precise specification as Day laborer, Farm laborer, "Foreman," "Manager," "Dealer," etc., without more of the second statement. latter statement; it should be used only when needed. and therefore an additional line is provided for the and also (b) the nature of the business or industry, ments, it is necessary to know (a) the kind of work Planter, Physician, Compositor, Architect, Locomotive on the first line will be sufficient, e. g., Farmer or The question applies to every person, irrespective of healthfulness occupation is very important so that the relative fact may be indicated thus: Farmer (retired 6 yrs.) the occupations of persons engaged in domestic serchildren, not gainfully employed, as At school or At Housekeepers who receive a definite salary), may be engaged in the duties of the household only (not paid Laborerbile factory. Salcsman, (b) Grocery; (a) Foreman, (b) Automo-But in many cases, especially in industrial employengineer, Civil engineer, Stationary freman, etc. For persons who have no occupation whatever, write Statement of occupation-Precise statement examples: (a) Spinner, For many occupations a single word or term Care should be taken to report specifically -Coal mine, etc. The material worked on may form part of various pursults can be If retlred from business, that Women at home, who are Never return "Laborer," (b) Cotton Mill; (a)

Statement of cause of death—Name, first, the DIS-FRASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhod pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is ludefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Car-

> such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping Cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcinoma, Sarcoma, etc., of(name origin; "Canture of the American Medical Association.) g., sepis, tetanus) my be stated under the head of dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of the skull, and consequences (e. by carbolic acid—probably suicide. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the death), 29 ds.; State cause for Never report



(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an age. For many occupations a single word or term on tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The engineer, yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery, material

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and .causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. diseases American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Nomenclature " "Weakness," etc., when a definite disease Chronic Example: Measles (disease "Senile," etc.), "Dropsy," etc. The contributory valvular heart discase; not be

STATE OF MARYLAND—CERTIFICATE OF DEAT infor OCCUPA 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) SICIANS Length of residence in city or town where death occurred How long in U. S. if of foreign birth? _____ yrs. ____ mos. ____ ds. statement (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Day) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. TIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than to have occurred on the date stated above, at Months Days FOR The PRINCIPAL CAUSE OF DE related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, RESERVED SAWYER, BDOKKEEPER, etc. may back bluods PA 9. Industry or business in which work was done, as SILK MILL. occur SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation. plain (State or country) carefully MOTHER important. 15. MAIDEN NAME ii. 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnoy very 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE AUSE mation Place_/ NOIL Nature of injury. 24. Was disease or injury in any 19. UNDERTAKER (Address) If so, specify (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimofe, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Example II	
	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M	31- act	PLACE OF DEATH	09599STATE OF MARYLAND
(III)	HYSI- Exact	County Minue	CERTIFICATE OF DEATH
		County	(20) Registration Dist. No.
CORD	EXACTLY, Fy classified.	Village or City athersburg (No. 2FULL NAME Agnatus Ihm	St.: Ward) (If death occurred in a hospital or institution, give Its NAME Is stend of street and number.)
	ted perl erti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z	sta pro of c	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH QUA 23 1981
S	0 0 X	male with WIDOWED. CR DIVORCED (Write the word)	(Month) (Day) (Year)
NDIN	ould b may b	6 DATE OF BIRTH	17 HIEREBY CERTIFY, That I attended the deceased from
BIN		July - 1- 1832	that I last saw h walive on Sug-22, 192%,
		(Month) (Day) (Year	and that death occured on the date stated above, at 430 Am.
OF OF	ied ACE s so that	7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH was se follows:
DH F	1 25 5	yrsmosds. ormin.?	
12	sup See	(a) Trade, profession or	<i>g</i>
SEI	IIIy e	particular kind of work (b) General nature of industry	(Duration) yrs mos ds.
		business, or establishment in which employed or (employer)	Pullviles
z		9 BIRTHPLACE (State or country Island Hall. Ha	Contributory Secondary (Direction) (Direction) (Direction) (Direction) (Direction)
G	FAL Bo EAT	fram frag	M. C. Miller M.D.
MARGIN	ould F DE	FATHER Canatina Fulks	(Signed) (Address parthershing My
2	H LOS	M 11 BIRTHPLACE	*St.te the Disrase Causing Peath, or, in deaths from
	nation CAUSE CAUSE	(State or country) Mary land	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	nat PAT	of MOTHER Generalta Sanders	ients or Recent Residents)
	Informati state CA	13 BIRTHPLACE OF MOTHER L Miain land	At place of death yrs mos ds.
	O	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	0 0 - 111	a My frank desirant	Former or usual residence.
	RI Ite	(Informalit)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Every CIAN	(Address) Gaillie July 199	Tomasoan Ting
Zo. Z	SEv	Filoding 24 1927 / 1929 AV AV Registrat	Reuben Punghrey rockulle
. (T)z	If more branks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," et., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, Spinner, (b) Cotton mill; (a) Salesman, (b) Groccy; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Housemaid, etc. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househeusehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. . Farry or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Former (re-Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on If the occupation has been changed Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. E.:amples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of "Uraemia," "Weakness," etc., whon a definite disease "Exhaustion," "Heart malure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," atie), "Atrophy." "Collapse," "Coma, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by rollwoy train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopmenmonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepvis unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mcre symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic "Senile," etc.), "Dropsy, failure," "Haemorrhage," etc. valvular heart The contributory " "Convulsions, disease;

PLACE OF DEATH County Montg	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Gaithersburg (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single. White Whomen. Widow (Write the word)	16 DATE OF DEATH 7th , 192 3 I
Dec 28 , 1855 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from [1927. to aug. 7. 123/., that I last saw here alive on aug. 7. 193,
7 AGE 75 yrs. 7 mos. 9 ds. If LESS than I day hrs. or min. ?	and that death occurred on the date stated above, at
occupation (a) Trade, profession or particular kind of work Retired (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
BIRTHPLACE (State or country) Virginia	Contributory Secondary Chronic Meghania
10 NAME OF FATHER Madison Follin 11 BIRTHPLACE OF FATHER (State or country) VA	(Signed) M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER ELIZA BISO 13 BIRTHPLACE OF MOTHER (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (No. 1) Mrs Herman Wilson, (Supt)	if not at place of dea.h?
(Address)ome Of Aged, Gaithersburg	19 PLACE OF BURIAL OR REMOVAL 10, Andrew Chapel 20 UNDERTAKE AT CO ADDRESS AF
Filed 192 Petter Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on Grocery,

Strtement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure, Liaeumusmage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart etc. The contributory affection Nomenclature of the need not be disease;

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PLACE OF DEATH	STATE OF MARYLAND
County/MMG.	CERTIFICATE OF DEATH
	Registration Dist. No. 2/3
1	Registration Dist. No.
Village or City Darulsky No.	St.: Ward) (If death occurred in a hospital or institu-
Cural l	tion, give its NAME in-
2FULL NAME (Migell) Frum	(number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Mala Milowed/Married	0 , 193/
Male Mul (Write the word)	(Month) (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March / 11861	198 (. to ling 9 , 198 (,
(Month) (Day) (Year)	that I last saw h alive on My J , 1928 J.,
7 AGE [If LESS than	and that death occurred on the date stated above, at
dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. 2 mos. / ds. or min.?	Treumater rufling of Reducy
(a) Trade, profession or	(automobile breadent)
particular kind of work Day Latrue or far	On State Sushway & Deceased was deal In Pailed
(b) General nature of industry	
business, or establishment in which employed or (employer)	to note opproaching (Bustonolle with more de
9 BIRTHPLACE	Contributory Secondary
(State or country) Manual	(Duston) yrsds.
10 NAME OF	11hless Desses 0
FATHER John J. Ysuli	(Signed) M. D.
U 11 BIRTHPLACE	
OF FATHER Z (State or country)	*State the lisase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TIZ MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Married V Frencis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) Manyland	of deathmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of doa.h?
On a li	Former or
(Informant) Mary C. Zrull	usual residence
D = 61 4 comple Wit	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) I & A COMMON MARCHINE	Danish July Chil ally 8 , 19.3/
15 Filed 8/2- 1981 USE D Noune 40	20-UNDERTAKER
Registral	Kyper Jaughy Kockerlly
If more banks are needed, address tate Kegistrai	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House er," etc., without more precise specification as nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the to report Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman, specifically the occupations of persons en-For persons who have no occupation (b)Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on person, irrespective of 6 Grocery; Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved by Committee on carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Hemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "" "Heart failure," "Ilaemorrhage, Chronic Example: Measlcs (disease etc. affection need not be valvular heart discase; Nomenclature The contributory Measles ;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

10 1931

8. No.

	09602
PLACE OF DEATH	STATE OF MARYLAND
County Mentsumeres	CERTIFICATE OF DEATH
County /// County	1.1
0 0,01.0	Registration Dist. No.
Village or City January Johnson	St: Ward) (if death occurred in a hospital or institu-
7 / August V	tion, give its NAME in-
2FULL NAME CHINEMES DE VI	was Mett. Drawmenumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MARRIED. WIDOWED.	(3, 103, 1
Words White OR DIVORCED (Write the word)	(Month) (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
8 15. 1931	al / 192 . to 5 / 5, 1989,
(Month) (Day) (Year)	that I iast saw h malive on 1921,
7 AGE If LESS than	and that death occurred on the date stated above, at
l day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. D ds. or 5 min.?	Polare of Cord aserse
8 OCCUPATION	butt - desplusion -
(a) Trade, profession or particular kind of work	Maguel Filler 15
(b) General nature of industry	
business, or establishment in	(Durstion) vis mos de.
which employed or (employer)	Contributory Lang Baly Chulyde
9 BIRTHPLACE (State or country)	Secondary
I more y y	(Durstion) yre mos ds.
10 NAME OF FATHER	(Signed) M. D.
11 BIRTHPLACE	S/15. 193 (Address) Dawy would like
0)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country) Y Dymany	Accidental, Suicidal or Homleidal.
T 12 MAIDEN NAME ROTTILE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death yrs mos ds. In the State yrs ds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Donal Grossman	usual residence
(Informant)	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
(Address) With will P. My	hashingen Ballyword 8/10, 192/
15 () 1 2 180 - 1	20 UNDERTAKER ADDRESS
Filed (ug) 1913 Co Samoly	Jana Jana & Ballerin
16 weds hunks are needed, address State Registra	, 16 W Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature Measles;

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Houscen at home, who are engaged in the duties of the er," etc., without more process. Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the pissers causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaentia," "PUERPERAL pertionitis," etc. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles;

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WRITE PLACE WITH UNFADING INKTHIS IS A PERM. INT	N. B Every item of information should be carefully supplied. ACE should be sta	CIANS should state CAUSE OF DEATH in plain terms so that it may be pro	Section of the sectio
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	. = 09604
PLACE OF DEATH	STATE OF MARYLAND
County // // pn/4poelly	(131) CERTIFICATE OF DEATH
	Registration Dist. No. 216
Village or City Cherry Charles 6	(If denth occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME	Jose Hileshow
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED. GROUVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 23 1859	March / 2 196/ . to lugue 7. 198/.
(Month) (Day) (Year)	that I last saw her alive on sugue 7, 1921,
7 AGE	and that death occurred on the date stated above, at 0 . 4 0 mm.
72 vrs. 6 mos. 15 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION .	Parolia-waserlow
(a) Trade, profession or particular kind of work	sinal slinence
(b) General nature of industry business, or establishment in	10 - 1
which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Mandand	Contributory Secondary (Duration) yrs
10 NAME OF FATHER DAVID VE ABOVE	(Signed) Lisling & Carramon, D.
11 BIRTHPLACE	(Address) 921-011/100000
OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Seas Heagle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) MANA And OTHER OTH	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
m. 9/- recel ball	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
(Address) (Kery Chase)	Moodlawsemeter Just. 131
15 Filed 8/8 1931 Thomask, Complete	MM Charles 2238 Morre
If more banks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it cupation is very important, so that the relative health-Statement of Occupation--Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cottan mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomative engineer the first line will be sufficient, e. g., Farmer ar Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nane. or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Branchopneumonia "("Pneumonia,")

causing death), 29 ds.; Branchopneumania (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles inges, peritanaeum, etc., Carcinoma, Sarcama, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-prabably suicide. The nature of the injury, accident; Revalver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritanitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chranic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Examples: Accidental drawning; Struck by railway train-Recommendations of statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease caugh; Chranic Example: Measles (disease etc. The affection need not be valvular heart Comminclature contributory disease;

V. S. No. 1

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N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	09605 STATE OF MARYLAND
County / My your	CERTIFICATE OF DEATH
4. h. O. O. M. S. 110	Registration Dist. No. 123
Village or Chylle William Village or Chylle	Ward) (if death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME /// Comme	na ones. number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Mother) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attanded the deceased from
(Month) (Day) (Year)	that I last saw h & alive on Que 11, 1931,
7 AGE	and that death occurred on the date stated above, at
69 yrs. 6 mos. 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Aucill - (Hung Huself)
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) mass de
9 BIRTHPLACE (State of country) Lammury En Marikan	Contributory Secondary (Dufation) yrs mos de.
10 NAME OF FATHER WILLIAMS ONLS,	(Signed) Toward Mr.D. ang 12 1923 (Address Wash, San) Horp Tahangle
(State or country) My granuly Cev. My	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MAAN WALLER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)	At place of death yrs. 9 mos. ds. In the State yrs. 9 mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Aslungton 19.
(Informant) Sanitavijum I Reliving	Former or Usual residence
(Address) JANNING JANG MAS.	An Sauters Sons. ang 14, 1931
15 Filed aug /2 1921 Hogus Registrar	Mash. D. C. 1732 Pa. aux. A.W.
If more bianks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully emer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enen at home, who are engaged in the duties of the For many occupations a single word or term on yrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), Chronic etc. valvular heart The contributory Always qualify all need not disease;

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PLACE OF DEATH	09606 STATE OF MARYLAND
County Montamury	CERTIFICATE OF DEATH
	(120) Registration Dist. No. 4/2
Village or City Decker for (No.	Ch. Wall (If death occurred in
2FULL NAME Str's Glene	Heldel a hospitul or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH August 18th, 1931. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Le alive on Aug 12 1991
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at O. J. J. m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work.	Myseutisy, catarrhol. Curson
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos S ds
9 BIRTHPLACE (State or country)	Secondary (Duration)
10 NAME OF FATHER GLORGE S, MUSELL	(Signed) M. D. M. D. 192 (Address) LICKUSEN, M.D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Georgie Howm son	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of dea.h?
(Informant) Lever & Rusel	Former or usual residence
(Address) Wickerson	Ballevel DATE OF BURIAL Ballevel any 14, 19.3.
15 Filed aug 12 193 Ewwhite Registral	Warner E fumphor Rockoulle
If more b.anks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting J. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Womnature of the business or industry, and therefore an Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a For persons who have no occupation (b) Automobile factory. The material single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; or as probably such, if impossible to determine definitely. American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. valvular heart disease; Nomenclature The contributory

PLACE OF DEATH	09607 STATE OF MARYLAND
County Mondagamery	CERTIFICATE OF DEATH Registration Dist. No. 223
Village or City / about ach (No. 2	28 Mafillaste Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Mary Kyle	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Opril 28, 1899 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw had alive on Cary 16 194,
7 AGE 3 2 yrs. 3 mos. 18 ds. or min.	The GAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) yrs. mos de.
9 BIRTHPLACE (State or country) Washington, DC	Contributory Chemistric arthriles Secondary Durstion) 8 yrs. mos. ds.
10 NAME OF Samuel P. Kyle	(Signed) Kluss J. My a. M. D. Aug 17 198 (Address) 009 fol Ry MW
OF FATHER (State or country) Ledorville, Ohio.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Joanna K. Nicholla	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathmosds. In the Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Miss. W. a. Chawford.	usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 142-B. St NE Wash. DC	· Oak Hill Comotey Wash. Do aug. 18, 1931
Filed aug 18 1981 Alex Registral	Elmus R. Spear. Wash, O.C.
If more blanks are needed, addre. state Registre	r, 16 W. Saratoga St., Balto, frequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g. Farmer or Planter, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation $vec{None}$. (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Déath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

agaident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always, qualify all "Debility" ("Congenital," "Senile," etc., "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; Chronio valvular heart disease; Chronic interstitial nephrilis, etc. The contributory (secondar; or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL of HOMICIDAL, totanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: A ccidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage and consequences (e. g., scpsis, Example: Méasles (disease (merely-sp.

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fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, (a) Foreman, r," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal minc, etc. Wom-(6) .Grocery;

Statement of Cause of Death—Name, first, the Distract Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," American Medical Association.) approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

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V. S. No. 1

PLACE OF DEATH County Montg	09609 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Germantown (No	Registration Dist. No. St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street and of street and of street in the str
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widow widowed. Or Divorced (Write the word)	16 DATE OF DEATH Aug 21st , 192/
Appil I5th 1852 (Month) (Day)	I HEREBY CERTIFY, That I attended the deceased from
79 yrs. 4 mos. 6 ds. If LESS that I day hr	S. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Duration)yis
10 NAME OF FATHER Francis Gruesendorf	(Signed)
(State or country) (termany	Accidental, Suicidal or Homicidal.
OF FATHER (State or country) Germany 12 MAIDEN NAME OF MOTHER Hannah Korch 13 BIRTHPLACE OF MOTHER (State or Country) Germany	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place of deathyrsmosds.
OF MOTHER Hannah Korch 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place In the

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tified 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestie service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, ," etc., report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a without more precise specification as Day (b) Automobile factory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebros final meningitis"); Diphtheria (avoid use of "Croup"); Tiphoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> notedanus) may be stated under the head of "eontributory." (Recommendations on statement of cause of death approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart Inliure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and eonsequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underean be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Chronic etc. The contributory affection valvular heart Nomenclature of the need disease; not be

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laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., Never return" Jahorer, ""Foreman," "Manager." "Dealworked on may form part of the second statement Physician, Compositor, Architect, household only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Furmer (te or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, For many occupations a or At Home, and children, not gainfully emyrs). Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many single word or term or Locomolive engineer,

Statement of Cause of Death—Name, first, the DINEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: *Cerebrosphadefever* (the only definite synonym is "Epidemic cerebrosphadespinal meningitis"); *Diphthera avoid use of "Croup"); *Typhoid fever (never report "Typhoid Pneumonia"); *Lobar pneumonia, Branchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Uraemia," "Weakness," etc., when a definite diseas stated unless important. Example: Measles (disease use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom causing (secondary Whooping cough; as fracture of skull, and consequences (c. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, peritonocum, etc., Carcinoma, Sarcoma, etc., od Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, or intercurrent) affection need for malignant neoplasms); Measles, Chronic valvular heart disease ," etc., when a definite disease etc. The contributory Nomenclature not be

PLACE DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. 217 (If death occurred in a hospitel or institu-Village or City Ward) tion, give its NAME inof street and number.) ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS L CERTIFICATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED OR DIVORCED (Write the word) BINDING (Month) (Day) That I attended the deceased from 6 DATE OF BIRTH (Math) (Day) If LESS than 7 AGE and that death occurred on the date stated above I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 2 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrs......mos......ds, (State or Country) 00 Where was disease contracted. if not at place of death?... = 14 THE ABOVE VE TRUE TO THE BEST OF MY KNOWLEDGE CIANS sho statement usual residence. OF BULLAL OR REMOVAL (Address) 20 UNDERTAKE If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., willivaniaborer, Laborerbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Houseniaid, etc. If the occupation has been changed ployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day single word or term on -Coal minc, etc. Womengineer

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death American Medical Association.) approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), as fracture of skull, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic and consequences (e. g., sepsis, etc. The contributory affection need valvular heart discase; Nomenclature not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. Village or City a hospit if or institution, give its NAME i. stead of street and 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 2 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. OR DIVORCED may n bac (Write the word) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) 7 AGE [If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: E C ds. or min.? B OCCUPATION 90 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN BIRTHPLACE Secondary (State or country) 00 Faryland 50 10 NAME OF FATHER (Signed) 0 11 BIRTHPLACE ENT OF FATHER *State the Disease Causing Death, or, in deaths, 20 (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 0 AB 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transne 0 ients or Recent Residents) CCD 13 BIRTHPLACE (3) OF MOTHER of death (State or country) O 0 Where was disease contracted. 14 THE ABOVE'IS TRUE TO if not at place of death? (Address) 20 If moje bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requiring V. S. N

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dinktheria avoid use of "Croup"; Typhoid Jever never report "Typhoid Pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia,")

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who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grovery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of may be stated under the head of

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the 6

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

or as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association. (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as can be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.) **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. BINDING WIDOWED. DIVORCED Write the word I HEREBY CERTIFY. That I attended the deceased from 17 6 DATE OF BIRTH (Month) (Day) (Yesr) IIf LESS than 7 AGE and that death occurred on the date stated above, I day hrs. ESERVED or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 1923/ (Address) 11 BIRTHPLACE OF FATHER Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP, ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER State......ds of death ... (State or Country) **0**0 Where was disease contracted, if not at place of death?... 14 THE ABOVE IS usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL CIANS ADDRESS 20 UNDERTAKER 3619-14-1 Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation Spinner, (b) Colton mill; (a) Solesman, (b) Grocery. (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term or especially in industrial employments, it is neces without more precise specification as Day Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart etc. The contributory Nomenclature of the disease;

STATE OF MARYLAND-	-CERTIFICATE OF DEATH ADELE
1. PLACE OF DEATH	(13)
County Mouly owen	Registration Dist. No. 2/3,
Village or City Polane	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) as. ds. How long in U.S. if of foreign birth?
D. 0 D.	15. 110W foring in 0.3.11 of foreign antiti:
2. FULL NAME Isanon It core	tts
(a) Residence: No. (Usual place of abode)	J.J.St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write) the word)	21. DATE OF DEATH CHARLES 28"
Male White Succe	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	During 09 23 to and 19 25
6. DATE OF BIRTH (month, day, and year)	Hast saw h elive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
about 58	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	A · · · · · · · · · · · · · · · · · · ·
SAWYER, BODKKEEPER, etc. Jum -Conson Cr	mone My ocardiles lukus
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (yeers)	Outre State Off Many 16 Market
	anionit survences desinues manner
this occupation (month and spent in this 30 occupation 30	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	_ Ulsoholisii
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(State of County)	What test confirmed diegnosis? 1111 Westhere an autopsy? Ital
E 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
n 18 11	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT Rocke See Und	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Courac Date Lug 30, 193	Neture of Injury
19. UNDERTAKER M. R. Puripliney	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Rocce ell, lug	If so, specify
20. FILED aug 29, 1931 Muss. W.V. Crack	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes Date of importance were as follows:		
Arterioselerosis	SEP 8 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURRAU V.	July 5, 1927	Peritonitis	3 days ago	
		Jo J			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; i fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

use of "Tumor" for malignant neoplasms); Measles; and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaenia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railray train Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURRAU

(75-t)
Registration Dist. No. 2/3
loSt.,Ward
10St.,Ward occurred in a horpital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of foreign birth?yrsmosds.
<u> </u>
t., Ward.
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH
(Month) (Day) 193/
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended decaased from
t saw h in deadon arrival fluguet 19 , 1931
ave occurred on the date stated above, at. 4.30 P.m.
PRINCIPAL CAUSE OF DEATH and related causes of importance e as follows:
Heart trouble from
Leart trouble from Date of onset history
27 - 200 - 7 /
er Contributory Causes of importance:
ne ef operation Date of
t test confirmed diagnosis? Was thera an autopsy?
death was dua to external causes (VIOL ENCE) fill in also the following:
ident, suicide, or homicide? Date of injury, 19
ere did injury occur?
(Specify city or town, county and State) cify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
nner of injury
ura of injury
Was disease or injury in any way related to occupation of deceased?
o, specify
(Signed) A. V. Harley M. D. (Address) Dock orland
(Address) Packoully
N. Charles Street, Baltimore, Requesting V. S. No. 2,

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		100	The same of the sa
Other contributory causes of importance:		Other contributory causes of importance:	A.
Gallstones	May 1,1923	Gastroenteritis / 18	1 hear
		1988	• 1
1		1386	1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

on. Santarum Ware	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of atreet and number.)
MEDICAL CERTIFICATE	OF DEATH
	(Day) (Year)
that I las Daw h Malive on aug	18e1, 4 pul
and that death occurred on the date state The CAUSE OF DEATH * was as follows:	a (Hypotetic
Contributory Secondary (Duration) (Signed)	4 yrs 6 mos do.
State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
B LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place of death	
19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	DATE OF BURIAL Clary 5, 1931 APORESS AF

Registrar

(Year)

If LESS than I day hrs.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day Laborer--Coal minc, etc. Womnot gainfully em-The ques-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. ". Tranition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular etc. Always qualify all The contributory heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

infor- state UPA-					JF MAR	YLAND-	CERTIFICATE	OF DEATH	19620		
		1. PLACE O					107 a		2/11		
tem of should	1			utos	mary			Registration Dist. No	7-1-4		
item sho		Village or City Tear Sour Corrers No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)									
		Length of residence in city or town where death occurredyrs,mosds. How long in U.S. if of foreign birth?mosds									
KD. Every YSICIANS		2. FULL NA	ME	nound	1 man	maille	- Juckers				
YSI Stat		(a) Resider	nce: No		(Usual place	of abode)	St., Ward.	If nonresident give city or to	own and State		
		PERSON	AL ANI	STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH				
KECO Y. PH Exact		3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					21. DATE OF DEATH	ing 12	, 193 /		
TT L		5a. If married, widow	ved, or divor	ced	Bing	No.		(Month) (Day)	(Year)		
AN		HUSBAND of (or) WIFE of					22. I HEREBY	CERTIFY, That I a			
SINI ERM EX	cla			~	7 7.	102-	I last saw harman alive on	193 1 , to ang 1	193/ : death is sai		
	ate	6. DATE OF BIRTH 7. AGE Ye	(month, day, ars	, and year) Nonths	Days	If LESS than	to have occurred on the date state	1130-	10325, 00000 10 300		
FOR IS A l stated proper	ertificate			9	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	FH and related causes of importar			
70	3 3 5	8. Trade, profe	ession, or pa	rticular			0		Date of onset		
Rada		kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.					Bronoucho Freumonia ?	ma ?			
SERVI NK-T should	back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc									
(J) P-1	6	10. Dato deceased last worked at this occupation (month and spent			time (years) ent in this						
RE G 1	that	year)			00:	upation	Other Contributory Causes of Impe	ortance:			
F4 14 -	etic	12. BIRTHPLACE (city or town)					B				
MARGIN UNFADI	instructions	(State or country) (State or country) (State or country)					100-671				
UN day	sup in to See	I	E (aity ar to)		v. Culoci	200	Name of operation		Date of		
200		TO	- 70 LL		r country)	~m	٨		What test confirmed diagnosis?		
X, AITH	nt.	15. MAIDEN N	AME 3	uctra	obbrahi	nothin	23. If death was due to external ca	uses (VIOL ENCE) fill in also the	following:		
K, K,	orta	6 16. BIRTHPLAC		wn)			Accident, suicide, or homicide?	Date of injury	<i>f</i> , 19 ,		
P S S		(State o	r country)	. 0.			Where did injury occur?	(Specify city or town, county			
LA	> 1	17. INFORMANT Source & Sucker (Address) Silver Spring, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Colourillo, Md. Date Aug. 14, 1931.					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		DEIG PEAGE.		
E PLA							Manner of injury				
- 17	Si N						- Nature of injury				
WRITE	TION	19. UNDERTAKER Warner & Pumphrey					24. Was disease or injury in any v	way related to occupation of dece	ased?		
R. B.		(Address)		chine		na o	(Signed)	Jague	M		
× (zr		20. FILED LUIA	13 ,1	9315	1.8. Winds		(Address) X.S	12 Mes 1	ane.		
0	6	-	***************************************	If mor	The second secon		2411 N. Charles Street, Baltimore, R	equesting V S.No. 1.	and		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis CS 1 933	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage BUKRAU	July 5, 1927	Perilonitis	3 days ago
		*	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gostroenteritis	1 yeor
			E. V -

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	730
	Registration Dist. No.
	No. St., Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
2.	ds. How long in U. S. if of foreign birth?
1	T. 1.00.0.0.
1	us semfuy yr.
2	toperstand, Ml.
The same of	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
200	(Month) (Day) (Year)
1	(month) (vay) (vas)
-	22. I HEREBY CERTIFY, That I attended deceased from
-	July 10 ,1931 , to Chilles , 16 ,1961
1	last saw alive on
Y	to have occurred on the date stated above, a
	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	marcadili Date ot onset
	(myocarded Decomposition 2/100
-	1 Doggo Contact proving and
-	
1	
-1	Other Contributory Causes of importance:
-	Turney Calandi cyrles 1926
-	
	Name of operation Date of
	What test confirmed diagnosis? Obelived Was there an autopsy? No.
the same of	23. If death was due to external causes (VIOLENCE) fill in also the following:
The same	Accident, suicide, or homicide? Date of injury19
-	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place.
-	***************************************
	Manner of injury
-	Nature of Injury
	24. Was disease or Injury In any way related to occupation of deceased?
	If so, specify
Y	(Signed) (Signed) (M. D.
	(Address) A are source up und
-	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Perilonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
ORD EXACTLY, Iy classifted	Village or City Olney. Montgry 2FULL NAME Rosel Ha	Registration Dist. No. 2
NT H stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMA TT	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
BIII PE	(Month) (Day) (Yesr)	that i last eaw h regive on 8 / 6 , 1922/
S IS A	7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at 23 0.2m. The CAUSE OF DEATH * was as follows:
SERVED INK-THI	(a) Trade, profession or particular kind of work (b) General nature of industry	Oyphus Derru
IN RESIDING I	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Inthatanal Proposition
MARGI H UNFAI TOUID BE OF DEAT	10 NAME OF FATHER HILLER WEREISM	(Signed) M. D. S. 1/6/ 1923, (Address) And to the
VITI on sh	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Togs	of MOTHER mona Such'	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
Infor	13 BIRTHPLACE OF MOTHER (State.or Country)	At place of death
E PL	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
WRITI ry Item NS sh	(Informant) / Fritest / Whens	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAN
WR WR CIANS	15 Filed aug 16 19231 CS Barnsley	20 UNDESTAKER . ADDRESS
S. Z.	Registrar	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage," "Shock," "Old Age," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	09633 STATE OF MARYLAND 33
County Moulgonery	CERTIFICATE OF DEATH
Village or City Betherda (No. Ru	Registration Dist. No. 216
Village or City Woods (No.	Sti Ward) a hospitul or institut
2 FULL NAME Lilliam Vinginia	tion, give its NAME are stead of street and
2FOLL NAME WASHINGTON	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Of DIVORCED wills	193(, 192
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Jan 5" 193/1	aug 3 1931 10 aug H ,193]
(Month) (Day) (Year)	that I last saw hour alive on Clina LL 1921
7 AGE If LESS than	and that death occurred on the date stated above, at . A.M. m
l dayhrs.	The CAUSE OF DEATH * was as follower
yrsds. ormin.?	acute suloculules
8 OCCUPATION (a) Trade, profession or	of zwks, Slanding)
particular kind of work (b) General nature of industry	7
business, or establishment in	(Duration)yrsmosde.
which employed or (employer)	Contributory assura
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) yrs de.
FATHER David & Willed	(Signed) M. D.
IN BIRTHPLACE OF FATHER	8-4-1921 (Address) Chury Chast, me
Z (State or country) W.O.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Sace & Cation.	Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, at misdure
	Former or Choice Choice
(Informant) Mace I Luon Will	19 PLACE OF BURIAL OR REMOVAL ADATE OF BURIAL
(Address) Rigar Rd. Judan A	Bettiesda Int Bion aug 5 /3,1
Filed 8 - 4 - 1921 Thomas K. Comas	20 AM DERTAKER LO Wash: DE
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Automobile factory. The materia 6) The ques-Grocery,

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tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; nephritis, etc. The contributory not be

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10 1933

V. S. No. 1

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